

**Application for Congressional Internship**  
**Office of Congressman J. Gresham Barrett**

Name:

Permanent Address:

City:

State:

Zip Code:

Home Telephone Number:

Cellular Telephone Number:

Email Address:

Date of Birth:

Parent/Guardian Name:

Parent/Guardian Telephone:

School Name:

Major:

Year of Graduation:

Dates Available for Internship:

Days and Hours Available:

Please indicate the office in which you would like to intern: \_\_\_\_ D.C. Office  
\_\_\_\_ District Office

Acceptance Notification Needed By:

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Briefly explain why you would like to intern for Congressman J. Gresham Barrett.

Are there any specific legislative topics that interest you?

Describe your personal interests.

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Please attach your resume to this application. Prospects must be 18 years or older and attend an accredited college or university.

If applying for an internship in the Washington D.C. office please mail the application to:

Congressman J. Gresham Barrett  
1523 Longworth HOB  
Washington D.C. 20515

If applying for an internship in the District office please mail the application to:

Congressman J. Gresham Barrett  
315 S. McDuffie St.  
Anderson, SC 29622